

License No.

Date Issued

Fee:

Rev. Acct. #110-94-296

110-94-291 Retailer

110-94-295 Installer/Service

**MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF CONSTRUCTION CODES & FIRE SAFETY - BUILDING DIVISION**

**APPLICATION FOR MANUFACTURED HOME RETAILER LICENSE
OR MANUFACTURED HOME INSTALLER AND SERVICER LICENSE**

UNDER THE MICHIGAN MOBILE HOME COMMISSION ACT, 1987 PA 96

INSTRUCTIONS

This form must be typed or legibly printed in black ink. Failure to accurately complete the form may be reason for denial. Please remember to sign and have this form notarized.

Check one of the following boxes indicating what type license you are applying for:

- ☐ MANUFACTURED HOME RETAILER LICENSE OR ADDITIONAL LOCATION - FEE \$150.00. The license covers selling, leasing, renting, or exchanging (including brokering) manufactured homes.
- ☐ MANUFACTURED HOME INSTALLER/SERVICER LICENSE - FEE \$50.00. This license covers the installation, un-installing, or servicing of manufactured homes.
- ☐ TRANSFER OF EXISTING LICENSE AS A SUCCESSOR - FEE \$150.00 FOR RETAILERS AND \$50.00 FOR INSTALLER/SERVICERS.
Current license number of business _____
- ☐ CHANGES TO ORIGINAL APPLICATION - No fee required. Please complete 1, 2, 3, and 4. Please sign the application. If there are changes to 4, please complete 5 - 8.

	Business True Name	Assumed Name			
1.	Business Telephone Number ()	E-Mail Address			
	Business Location Address: Street	City	County	State	Zip Code
2.	Business Mailing Address (If different from above): Street	City	County	State	Zip Code
3.	(Check one) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other Type _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Limited Partnership Number _____ <input type="checkbox"/> Limited Liability Partnership Number _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Corporation Number _____ <input type="checkbox"/> Limited Liability Company Number _____ </div> </div>				
If you are filing your application as a Corporation, Limited Liability Company, Limited Partnership or Limited Liability Partnership, please furnish this office with the number assigned to you by the Michigan Department of Consumer & Industry Services, Bureau of Commercial Services, Corporation Division.					

List name(s) of sole proprietor, partners, corporate officers and directors or LLC members or managers. Mark partners as Limited or General (LP or GP). Give residence address; attach additional sheet(s) if necessary.)

4.	Name (Last, First, Middle Initial)		Birth Date / /	Social Security
	Street	City	State	Zip Code
	Name		Birth Date / /	Social Security
	Street	City	State	Zip Code
	Name		Birth Date / /	Social Security
	Street	City	State	Zip Code
	Name		Birth Date / /	Social Security
	Street	City	State	Zip Code

5.	Name of Operator (must be a corporate officer, general partner, sole proprietor, or member or manager of LLC)		Birth Date / /	Telephone Number ()
	Street Address	City	State	Zip Code

6.	Installer/servicer license: List the date and location that your authorized representative completed Commission and Department approved installation instruction during this licensing year (between October 1 and September 30).	
	Date _____ Location _____	

7.	Have any of the individuals listed in No. 4 ever been, in this or any other state, refused the issuance of a license for a manufactured home business or been holders of this type of a license which was revoked or suspended? If "Yes", give complete details. (Attach additional sheet(s) if necessary.)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have any of the individuals listed in No. 4, or any individual associated with this license application, within the past 10 years, been convicted of a violation or the subject of an administrative order or civil judgement as a result of a violation of the Mobile Home Commission Act; a statute regulating the offering of securities or franchises, or licensing or regulating builders, real estate brokers or real estate salespersons; or 1972 PA 286 (Land Sales Act)? If "Yes", give complete details. (Attach additional sheet(s) if necessary.)

8. ☐ Yes ☐ No

I swear that the statements contained in this foregoing application are true and I, as operator (sole proprietor, general partner, corporate officer or LLC member or manager), have authority to sign this application and to make the statements contained herein. Any misleading, incomplete or false statement shall be grounds for denial of this application.

I stipulate and agree that any legal process affecting the business, served on the Manufactured Housing Commission, shall have the same effect as if personally served on me and all other general partners or corporate officers of this business, if any. I further agree that this appointment shall remain in force as long as any liability of this business shall remain outstanding within the State of Michigan.

(Typed or Printed Name & Title)

(Signature of Operator Required)

(Date)

Subscribed and sworn to before me this _____ day of _____ 19_____

Signature of Notary Public_____

Name of Notary_____

County_____

Date Commission Expires:_____

The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**MAKE REMITTANCE PAYABLE TO:
"STATE OF MICHIGAN"**

ALL FEES ARE NON-REFUNDABLE

RETURN ALL FEES AND FORMS TO:

Michigan Department of Consumer & Industry Services
Bureau of Construction Codes & Fire Safety
Building Division
P.O. Box 30255
Lansing MI 48909

Issued under authority of 1987 PA 96, as amended.
Completion of this form is voluntary but failure to do so
may result in a denial of your application.

NOTE: If the information contained in a record filed with the Department is or becomes inaccurate or incomplete in any material respect, the licensee shall file a correcting amendment within 30 days.

GENERAL INSTRUCTIONS

AN APPLICANT MAY NOT CONDUCT BUSINESS UNTIL IT RECEIVES A LICENSE:

Definition of operator (application line number 5): An individual officer, a general partner, LLC member or manager, or a sole proprietor who is directly responsible for the operation of a licensee and who is designated as such for licensure purposes.

Similar names: A person who doesn't have an existing license who receives a new license may not have a true or assumed name which is so similar to the true or assumed name on an existing license that it would be confusing to the public.

Foreign (non-Michigan) Corporations, Limited Liability Companies, Limited Partnerships and Limited Liability Partnerships: If you do not have a Certificate of Authority to transact business in Michigan, please obtain one from the Bureau of Commercial Services in the Corporation Division (P.O. Box 30054, Lansing, MI 48909; 517/241-6470) or include a letter with your application stating the reason(s) why you don't need one.

Assumed names: If you are operating under a name other than your true name, please include a copy of your Certificate of Assumed Name with your application. If you are a corporation, limited liability company, limited partnership or limited liability partnership, please contact the Corporation Division to obtain one; if you are not, please contact your county clerk.

Partnerships (except Limited Partnerships and Limited Liability Partnerships): If you do not have a Certificate of Assumed Name, please include a copy of your Certificate of Co-partnership with your application.

Expiration date: Licenses expire on September 30. A renewal application is mailed to each licensee in August and must be returned (postmarked or delivered) before October 1.

Changes: All changes to an original application must be filed with the Building Division within 30 days after the changes are made.

INSTRUCTIONS FOR MANUFACTURED HOME RETAILER LICENSE

Please completely fill out the enclosed forms and return them to the Building Division with the nonrefundable filing fee at least 30 days prior to the date you want to begin conducting business. Your application will not be processed without the fee or if incomplete. When your application is complete, it will be presented for approval to the Manufactured Housing Commission at its next regularly scheduled meeting. There is no written test for this license.

License exemption: A licensed manufactured home community is not required to obtain a retailer license in order to engage in the leasing or renting of homes in the community, but is responsible for complying with the business practice rules for retailers.

Sales Tax Number: If you have not applied for a sales tax number, please contact the Michigan Department of Treasury, Sales, Use and Withholding Taxes Division, Treasury Building, Lansing, Michigan 48922; 517/636-4730 or www.michigan.gov/treasury. A sales tax number is not required if you only lease or rent homes.

Surety: For each location under your license, you must either post a \$10,000 surety bond or deposit \$10,000 in cash or securities, made out to "People of the State of Michigan" with the Building Division. If you decide to post the bond, you must file an original executed \$10,000 "Manufactured Home Retailer's Surety Bond" for each of your locations with your application, and it must be in effect on any day when you conduct business at the location. Please use the enclosed form; instructions are on its reverse side.

Consumer deposits: You must either establish an escrow account, post a consumer deposit bond, or deposit cash or securities in order to be licensed. If you decide to establish an escrow account, please file the enclosed affidavit with your application. If you decide to post a consumer deposit bond, please read Manufactured Housing Commission Rule 403(8-10) and then file the enclosed form with your application. If you decide to deposit cash or securities, please read Rule 403(8-10) before making your deposit.

Titling mobile homes: Certificates of Manufactured Home Ownership (BCC-944) can be obtained at a Secretary of State branch office. Please review the provisions in the Mobile Home Commission Act and Rules regarding titling before using this form.

Affidavit of Affixture: Information regarding filing an Affidavit of Affixture for manufactured homes affixed to real property can be obtained from our website at www.michigan.gov/bccfs, by mail directed to the Building Division at P.O. Box 30255 or by telephone at 517/241-9317.

If you have any questions regarding your license application, please contact the Building Division of the Bureau of Construction Codes and Fire Safety (P.O. Box 30255, Lansing, MI 48909-8203; 517/241-6326).

**INSTRUCTION FOR
MANUFACTURED HOME INSTALLER AND SERVICER LICENSE**

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Please completely fill out the enclosed forms and return them to the Building Division with the nonrefundable filing fee at least 30 days prior to the date you want to begin conducting business. Your application will not be processed without the fee or if incomplete. When your application is complete, it will be presented for approval to the Manufactured Housing Commission at its next regularly scheduled meeting.

Installer instruction: You must complete approved installation instruction before your application is presented for approval to the Manufactured Housing Commission.

Installer and servicer license exemptions:

1. A manufactured home manufacturer who installs or services homes it manufactured or one of its employees who installs or service as part of his employment.
2. If performing work for which the person is licensed under another Michigan license.

If you have any questions regarding your license application, please contact the Building Division of the Bureau of Construction Codes and Fire Safety (P.O. Box 30255, Lansing, MI 48909; 517/241-6326).

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